



## Long Term Care Coordinating Council

Regular Meeting

December 16, 2009

10:00 am

Department of Labor and Training

First Floor Conference Room

1511 Pontiac Avenue

Cranston, RI

### *Draft Minutes*

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Chairwoman Lt. Governor Roberts	Donna Martin
Representative Chris Fierro	Bonnie Larson
Marie O'Loughlin Jenkins	Lillian Lloyd
Ray Rusin	Bill Flynn
Michael Varadian	David Dosa
Liz Morancy	Jim Nyberg
Susan Sweet	Bonnie Sekeres
Virginia Burke	Kathleen Kelly
Dawn Wardyga	Karen Amado
Alan Tavares	Maureen Maigret
Cynthia Conant-Arp	Tammy DeAlmeida
Dottie Santagata	Paula Parker
Jill Anderson	Jennifer Wood
Ken Pariseau	Daniel Meuse

Chairwoman Lt. Governor Roberts called the meeting to order at 10:10am.

The minutes from the November meeting were approved unanimously.

The chair introduced Ray Rusin from the Department of Health to report on the department's activities in regulating nursing homes.

Mr. Rusin stated that the department completed 5 full annual surveys and reported one facility with sub-standard quality of care. The department also completed 5 revisits to facility that had

previously been cited. All were in compliance. The department investigated 10 complaints with one resulting in a citation of sub-standard quality of care.

The council discussed the staffing of the department and its ability to handle the surveying needs. Mr. Rusin stated that surveying of nursing homes in the division's top priority and with the staff they currently have, they are able to stay on top of the surveys and complaint investigations for nursing homes. However, he did say that the surveying of other long term care facilities may fall behind schedule.

The chair introduced Ellen Mauro from the Department of Human Services to discuss the global waiver implementation.

Ms. Mauro stated that prior to the waiver, hospital discharge planners had "delegated authority" to determine a long term care placement for a Medicaid patient. The planners could determine a person eligible for a nursing home level of care. The waiver removed this authority, but the department wanted to implement the change gradually. Discharge planners at Rhode Island Hospital participated in a pilot program to develop the process to transition the authority to DHS. The final group of hospitals transitioned to DHS on December 1. At DHS, there are 6 nurses who handle level of care determinations from and with discharge planners.

Ms. Mauro stated that as a result of the Nursing Home Transition Program, 81 persons have been transitioned out of nursing homes. An additional 34 have been diverted from entering a nursing home through the Connect Care Choice program. Also, 149 persons that would have previously been determined to qualify for nursing home level of care, were determined to meet the high level of care which does not qualify them for a nursing home.

The department is continuing to work on a plan for dually-eligible persons in the Optima program that are losing their plan. The most concern is for the 500 or so persons that utilize care management and especially the 100 or so considered high risk.

The council discussed the importance of DEA outreach in regards to the open enrollment period of Medicare Part D. If seniors do not complete certain activities by the end of the month, they may lose access to coverage.

The council also discussed changes to the pediatric services available in Medicaid. There have been reports from families whose children received services and supports from Medicaid prior to the waiver and the mandatory enrollment in managed care that now the level of support from Medicaid programs has changed. Some reports include more bureaucracy to access supports and questions regarding a child's enrollment in Rite Care or different programs for children with special health care needs.

The council discussed what changes to waiver implementation or the long term care system have been made or are planned to be made in light of the budget situation. Ms. Mauro stated that some of the reforms that were planned for later have been pushed up. Additionally, there is a significantly increased focus on high cost case review. The department is currently examining the high cost cases that are in acute care hospitals and working with Eleanor Slater to get them

into a lower cost system. There are also plans to create a new vent unit outside of Eleanor Slater to assist in weaning vent dependant patients.

The move to a new acuity-based nursing home reimbursement structure and case-based hospital reimbursement system are underway. The Medicaid medical advisory commission is working on getting behavioral health high cost cases into a collaborative practice to better coordinate mental and physical care plans.

The council asked what services are being made available for the community-based population. Ms. Mauro stated that the average spent on a community-based patient is about \$1,500 per month. One of the first things that the department does for a community-based patient is to maximize the available Medicare services. Next, home nursing care and adult day services are set up. Other services are CNA and personal care, and some minor home modifications. Ms. Mauro also stated that the department is focused on getting home care agencies the most accurate information about a patient's condition.

The council discussed the effect on nursing homes from the wavier implementation. Occupancy rates are declining and that depresses revenues. One thing that is not a factor now, but may be in the future is that there are minimum occupancy rates for nursing homes.

Ms. Mauro stated that DHS and DEA are working on using the same assessment form once a patient is in the community. Additionally, the departments are working together on how to get a rapid level of care determination for people who are in facilities and transitioning to Medicaid from Medicare or private pay and for people who are Medicaid eligible and are currently in the community. Many facilities and providers currently suggest sending a patient to the emergency room to obtain a level of care determination.

Assisted living usage has been increasing quickly and the governor's supplemental budget will account for the overage in the DEA budget for Assisted Living services. Medicaid is working on increases in reimbursements for some Assisted Living items in order to increase access.

The chair recognized Susan Sweet to present a report on the Nursing Home Transition program on behalf of Kathy Heren. The program has transitioned 81 patients out of nursing homes as of November 30. Of these transitions, 5 resulted into a re-admittance to a nursing home. The Alliance for Better Long Term Care was notified that the contract for this program would not be renewed. The contract ends on June 30 and DHS and DEA will become responsible for transitions.

The council expressed concern about transferring this responsibility from the Alliance to DHS in a time when staffing is limited and so many other projects are underway. Additionally, the transitions are something that the Alliance have been doing for years and DHS does not do.

The chair entertained new business. Virginia Burke discussed the nursing home acuity adjustment. She stated that the proposal by the department is not a cost-based reimbursement system, but rather an average cost reimbursement with a small acuity adjuster. The result will be

that home with higher acuity will actually lose money while homes with less acuity will make money.

The chair suggested that the council discuss the issue further at a future meeting.

The council also discussed a book about Oscar the Cat from Steere House.

The meeting adjourned at 11:47am.